



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7655

<b>SERIAL NUMBER</b> 09/857,020	<b>FILING DATE</b> 05/31/2001 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2671	<b>ATTORNEY DOCKET NO.</b> Q64727
------------------------------------	---	---------------------	-------------------------------	--------------------------------------

**APPLICANTS**

Yasuhiro Shiraishi, Tokyo, JAPAN;  
Kazuya Ohmura, Tokyo, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/JP99/05795 10/20/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Sughrue Mion Zinn  
Macpeak & Seas  
2100 Pennsylvania Avenue NW  
Washington, DC 20037-3202

**TITLE**

Control device

<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 857020	RECEIPT DATE:	05 / 31 / 01
IA NUMBER:	PCT/ JP99 / 05795	IA FILING DATE:	10 / 20 / 99
FAMILY NAME:	SHIRAISHI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	YASUHIRO	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	064727	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: DARRYL MEXIC

STREET: 2100 PENNSYLVANIA AVENUE NW

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200373213

EMAIL:

APPLICATION TITLES:

CONTROL APPARATUS

TAB TO LAST POSITION,PUSH SEND